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NO. 7357 P. 10

PTO/SB/83 (09-06)
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TERMINAL DISCLAIMER TO ACCOMPANY PETITION
 Docket Number (Optional)
 HP0087USNA

In re Application of: Karthik Kanakarajan, Et Al.

Name: E. I. du Pont de Nemours and Company

Application Number: 10/706000

Filed: November 12, 2003

 For: MULTILAYER SUBSTRATES HAVING AT LEAST TWO DISSIMILAR POLYIMIDE LAYERS, USEFUL FOR
 ELECTRONICS-TYPE APPLICATIONS, AND COMPOSITIONS RELATING THERETO

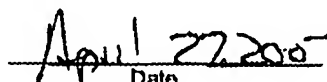
The owner*, E. I. DU PONT DE NEMOURS AND COMPANY of
 100 percent interest in the above-identified application hereby disclaims a terminal part of the term of any patent granted the above-identified application equivalent to: (1) if the above-identified application is a design application, the period of abandonment of the above-identified application, and (2) if the above-identified application is a utility or plant application, the lesser of: (a) the period of abandonment of the application; or (b) the period extending beyond twenty years from the date on which the above-identified application was filed in the United States or, if the application contains a specific reference to an earlier filed application(s) under 35 U.S.C. 120, 121, or 365(c), from the date on which the earliest such application was filed. This disclaimer also applies to any patent granted on a utility or plant application filed before June 8, 1995, or a design application, that contains a specific reference under 35 U.S.C. 120, 121, or 365(c) to the above-identified application. This disclaimer is binding upon the grantee, and its successors or assigns.

Check either box 1 or 2 below, if appropriate.

 1. ☐ For submissions on behalf of an organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization.

 2. ☒ The undersigned is an attorney or agent of record. Registration Number 32,035


Signature



Date

KONRAD S. KAEDING

Typed or Printed Name

(302) 992-2083

Telephone Number

☒ Terminal disclaimer fee under 37 CFR 1.20(d) included.

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* Statement under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner).
 Form PTO/SB/86 may be used for making this certification. See MPEP § 324.

This collection of information is required by 37 CFR 1.137. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 25 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/05/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).**FEE TRANSMITTAL**
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **1,630.00****Complete if Known**

Application Number	10/706000
Filing Date	November 12, 2003
First Named Inventor	Kanhik Kanakarajan, Et Al.
Examiner Name	Cathy Fong Fong Lam
Art Unit	1775
Attorney Docket No.	HP0087USNA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 250	<input type="checkbox"/> 200	<input type="checkbox"/> 100	0.00
Design	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 100	<input type="checkbox"/> 50	<input type="checkbox"/> 130	<input type="checkbox"/> 65	0.00
Plant	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 160	<input type="checkbox"/> 80	0.00
Reissue	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 250	<input type="checkbox"/> 600	<input type="checkbox"/> 300	0.00
Provisional	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims 20 or HP = Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 3 or HP = Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

YES ☐ 360.00 Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x 250.00 =

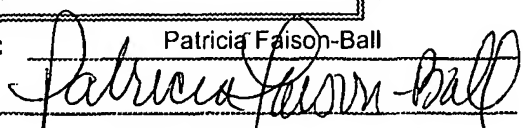

4. OTHER FEE(S)☐ Non-English Specification, \$130 fee (no small entity discount)☒ Other (e.g., late filing surcharge): Terminal Disclaimer (130), Petition to Revoke (1500)**Fees Paid (\$)****1,630.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,035	Telephone	(302) 992-2093
Name (Print/Type)	Konrad S. Kaeding	Date	April 27, 2007		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 05/22/07		2 Serial/Patent # 10/706,000			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/>	Filing			\$	
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input type="checkbox"/>	Petition			\$	
<input type="checkbox"/>	Issue			\$	
<input checked="" type="checkbox"/>	Cert of Correction/Terminal Disc.	IFW		\$ 130.00	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
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		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
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<input type="checkbox"/>	Duplicate Payment	9 0 0 -- 1 9 2 8			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):				
Application filed after June 8, 1995, no Terminal Disclaimer required for revival.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Patricia Faison-Ball		TITLE: Attorney			
SIGNATURE: 		PHONE: 2-3212			
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